

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		(1)		(1)			54						
5		(2)		(2)			55						
6		(3)		(3)			56						
7		(3)		(3)			57						
8		(3)		(3)			58						
9		(3)		(3)			59						
10		(3)		(3)			60						
11		(3)		(3)			61						
12		(3)		(3)			62						
13		(3)		(3)			63						
14		(3)		(3)			64						
15		(3)		(3)			65						
16		(3)		(3)			66						
17	/		/				67						
18		/		/			68						
19		(3)		(3)			69						
20		(3)		(3)			70						
21	/		/				71						
22		(3)		(3)			72						
23		(3)		(3)			73						
24							74						
25							75						
26							76						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	20		19				TOTAL DEP.						
TOTAL CLAIMS	23		22				TOTAL CLAIMS						